

**APPLICATION FOR TUITION
REIMBURSEMENT**
C0-101 01/2023



Office of the State Comptroller
165 Capitol Ave
Hartford, CT 06106
www.osc.ct.gov

IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.

NOTE: Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your AGENCY APPROVAL OFFICER by Feb. 1st, fall & summer courses, June 1st, spring courses.

NAME (Last)		(First)	(Middle)	TR NUMBER	EMPLOYEE NUMBER	IMPORTANT COLLECTIVE BARGAINING UNIT CODE		
HOME MAILING ADDRESS NAME (No. and Street)				(City or Town)	(State)	(Zip)	DEPARTMENTAL PAYROLL CODE	
TITLE		AGENCY NAME				WORK TELEPHONE NO.		
WORK ADDRESS (No. and Street)				(City/Town)	(State)	(Zip)	WORK EMAIL ADDRESS	
		EDUCATION INSTITUTE (Name)			START		FINISH	
					Mo.	Day	Yr.	Mo.
		ADDRESS (No. and Street)				(City or Town)	(State)	(Zip)
COURSE INFORMA- TION	TITLE AND NUMBER OF COURSES						NUMBER OF CREDITS	
	1.							
	2.							
	3.							
	The above courses are	Graduate <input type="checkbox"/> Course	Undergraduate <input type="checkbox"/> Courses	Job Related? <input type="checkbox"/> YES <input type="checkbox"/> NO		TOTAL CREDITS		
	OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM							
COST IMPORTANT Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right PAYMENT IS SUBJECT TO AVAILABLE FUNDS!		CHARGE PER CREDIT	\$	X	TOTAL NO. CREDITS	TOTAL = CREDIT COST	\$	
		Service Fee (Community Colleges Only)						\$
		Laboratory Fee						\$
		Other Fees						\$
		Sub Total						\$
		LESS - Financial-Aid Received from Other Sources						\$
		NET COST						\$
APPLICANTS CERTIFICATION		I certify that I am familiar with regulations for tuition-reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.						
		SIGNED (Applicant)						DATE (Mo., Day, Yr.)
AGENCY RECOMMENDA- TION		I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this person's participation.						
		IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE						
		AGENCY APPROVAL OFFICER (Signature)				DATE	EMAIL	TELEPHONE NO.
FOR USE IF APPLICATION IS NOT APPROVED		STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION						
		SIGNATURE					DATE	
FOR AGENCY USE ONLY		AMOUNT TO BE REIMBURSED		JOB-RELATED	NON-JOB-RELATED	DATE RECEIPT AND GRADES SUBMITTED	DATE PAYMENT REQUESTED	
		\$		\$	\$			
FOR OSC USE ONLY		PRIORITY LIST DATE	DEPARTMENT ID	REVIEWED BY:	DATE	PROCESSED BY:	DATE	

DISTRIBUTION: - Agency - Comptroller Fiscal Policy Division -Employee